



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section

INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Don Russell, Solid Waste Director Hoke County PO Box 179 Raeford, NC 28376	Hoke County Transfer Facility 700 C.C. Steel Road Raeford, NC 28376

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0037	5-30-2012		\$3,000.00

A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
4702-TRANSFER-1994	TRANSFER	Amendment	6/13/2012	\$3,000.00	\$3,000.00
				Total Amount Due	\$0.00
				Amount Paid	\$3,000.00

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646
Attn: Ellen Lorscheider

PAID
CK # 302496 \$3,000.00
5/30/2012

D. **Solid Waste Contacts:**

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8245
- Questions about the Regulations and Technical Assistance:
Ed Mussler (919) 707-8281 Landfills, Transfer Stations
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

James Leach
Chairman

Tony Hunt
Vice Chairman

Robert Wright
Commissioner

Jean Powell
Commissioner



Ellen McNeill
Commissioner

William Fields
County Attorney

Tim Johnson
County Manager

Linda Revels
Clerk to the Board

May 24, 2012

Mr. Ed Mussler
NCDENR Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646



RE: Hoke County Transfer Facility
Permit 47-02-T
700 CC Steel Road
Raeford, NC 28376

Dear Mr. Mussler,

The above referenced Transfer Facility Permit expires May 31, 2012. On behalf of Hoke County, I respectfully request that the permit be renewed for an additional 5 years.

Enclosed is an updated Transfer Facility Operations Plan for your review.

Please let us know if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Don Russell".

Don Russell
Solid Waste Director

P A I D
CK # 302496 \$3000.00
5/30/12

HOKE COUNTY

Pratt Building • P.O. Box 210 • 227 N. Main St. • Raeford, NC 28376 • (910) 875-8751 • Fax (910) 875-9222

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Pat Backus</u>	Date Requested:	<u>June 13, 2012</u>
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Facility Name and Permit ID	<u>Hoke County Transfer Facility - Permit 4702-TRANSFER- 1994</u>
Applicant (Owner) Name	<u>Hoke County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	<u>\$ 3,000</u>
Date Application Received	<u>May 30, 2012</u>
Contact Name, Title & Phone #	<u>Don Russell, Solid Waste Director, 910-875-3111</u>
Company	<u>Hoke County</u>
911 Address	<u>700 C.C. Steele Road</u>
Mailing Address	<u>P. O. Box 179</u>
City/State/Zip	<u>Raeford, NC 28376</u>
Parent Company	_____
Known Subsidiaries	_____
Other known names business has operated under	_____
Known Counties of Operation	<u>Hoke</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>TS, LCID</u> Permit #: <u>47-02T and 47A-LCID</u>
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	<u>Permit fee was paid with Ck # 302496 on 5/30/2012</u>